1 Program Management

Effective management of immunization programs (planning, organizing, budgeting, supervising, coordinating, directing, monitoring and evaluating) is necessary to expend federal, state, local and other funds as they were intended and to implement immunization-related activities appropriately. In most states the role of public health is changing (or has already changed) from *direct delivery* of immunization services to *assuring* appropriate delivery of those services by others. As a result, program managers may find it necessary to revise or expand their policies, procedures and staffing infrastructure to focus more attention on the assurance functions associated with vaccine financing, provider practices, consumer education and surveillance. This may require development of contracts, Memoranda of Understanding (MOUs) or less formal agreements and collaborations with other public and private entities.

Keywords:
Budgeting
Coalitions
Collaboration
Funding
Partnerships
Planning
Pandemic Influenza preparedness planning
Program evaluation
Resource allocation
Staffing
Vaccine needs estimates
Vaccine forecasting
Vaccine funding

In most areas, the financing of vaccines is a complex patchwork of funding mechanisms that include 317 and VFC funds, SCHIP, Medicare, state and local funding and variations of private health insurance. According to the IOM report on "Calling The Shots: Immunization Finance Policies and Practices," immunization programs have a responsibility to assure that these funding mechanisms provide adequate financing for vaccines recommended for all age groups so that vaccine cost is eliminated as a barrier to immunization.

The largest portion of any immunization program's budget is for the purchase of vaccines. Given the increasing cost of vaccines and the perishable nature of vaccine products, monitoring and accounting for vaccine products, especially those purchased with public funds is one of the most important management responsibilities of immunization programs.

An essential aspect of immunization program planning includes development of a pandemic influenza preparedness plan. Based on the morbidity and mortality resulting from the three major influenza pandemics which occurred earlier in the twentieth century, an influenza pandemic in the United States now could cause up to 207,000 deaths, 734,000 hospitalizations, 42 million outpatient visits, and 47 million additional illnesses in the United States alone. Grantees that do not have influenza pandemic plans should develop such plans. Grantees that do have plans will need to exercise such plans, evaluate the exercise, and revise their plans accordingly. (Ref to: **Attachment 1 – Pandemic Influenza Preparedness: Planning and Implementation.)**

References:

- 2002 VFC Program Operations Guide (CDC)
- Creating A Community Coalition – A Practical Guide (CDC)
- Calling The Shots: Immunization Finance Policies and Practices (IOM, 2000)
- VOFA (Vaccine Ordering and Forecasting Application) (CDC)
- Pandemic Influenza: A Planning Guide for State and Local Officials, version 2.1 (CDC NVPO) www.cdc,gov/od/nvpo/pandemicflu.htm
- Examples of state pandemic influenza preparedness plans (CSTE) www.cste.org
- FluAid software to project possible impact of a pandemic (CDC) www.cdc.gov/od/nvpo/pandemics
- Pandemic influenza scenario (CSTE). ASTHO's: *Preparedness Planning for State Health Officials –Nature's Terrorist Attack: Pandemic Influenza.* www.astho.org"
- CD-ROM of slides for presentations, (CDC) rstrikas@cdc.gov
- *Evaluating the Utilization of Health Department Immunization-only Clinics: A Toolkit for Immunization Programs* (available from DTQ1@CDC.GOV beginning August, 2001)

ACTIVITY AREAS

1. Program Planning
2. Vaccine Financing
3. Staffing and Training
4. Funding Allocation and Utilization
5. Management Planning
6. Partnerships and Collaborations

1.1 PROGRAM PLANNING

ACTIVITIES to plan an effective immunization program:

✓**1.1.1** Develop a comprehensive plan to assure full immunization of all citizens living in the program area. This plan should be the basis for the annual immunization grant application and in the program's internal strategic planning processes. *See 1.1.0 ELEMENTS of a Program Plan*.

1.1.0 ELEMENTS of a Program Plan

- Public clinic needs assessment strategies
- Documentation of program need and program capacity
- Long term objectives consistent with Healthy People 2010
- Strategies to assure immunizations for all age groups
- Prioritization of underserved and under immunized groups
- Measles elimination strategies
- A comprehensive pandemic influenza preparedness plan
- Vaccine financing plan, including strategies to maximize VFC
- New vaccine implementation plan (ad hoc)
- Vaccine accountability plan

1.1.2 Develop strategies to assess the need for public immunization services by determining why current clients are using existing public immunization clinics. See: *Evaluating the Utilization of Health Department Immunization-only Clinics: A Toolkit for Immunization Programs* (available from DTQ1@CDC.GOV beginning August, 2001).

✓ ☞ **1.1.3** Identify and document program need (e.g., type and size of target populations, number to be served in the public sector, number of persons with health insurance covering vaccine, etc) and capacity of the program (number and location of clinic sites serving children under six years of age, adolescents and adults, number of immunization clinic sessions, etc.).

✓**1.1.4** Devise a strategy to ensure that all school-aged children receive two doses of measles-containing vaccine.

✓**1.1.5** Develop a pandemic influenza preparedness plan in collaboration with state and local emergency management agencies. States that already have plans in place should review them to assure that they are up to date, and conduct a test of the plan. One option to test plans is to do a tabletop exercise, using a pandemic scenario. (refer to: **Attachment 1 – Pandemic Influenza Preparedness: Planning and Implementation.**)

✓ **1.1.6** Outline proposed adolescent and adult immunization activities to reach Healthy People 2010 objectives**.**

1.1.7 Conduct a comprehensive review of policies of health care institutions and insurance carriers that affect immunization of children, adolescents and adults.

✓ **1.1.8** Develop a strategy to assure that all private providers are educated about the *Standards for Pediatric and Adolescent Immunization Practices* (www.cdc.gov) and the *Standards for Adult Immunization Practices.*

✓ **1.1.9** Develop a strategy to assure that providers, including FQHCs, who serve Medicaid-eligible, uninsured and American Indian/Alaska Native patients are enrolled into the VFC program. In program areas with significant American Indian / Alaska Native populations, the plan should ensure access to immunization services for all age groups and immediate and consistent access to all VFC vaccines by American Indians and Alaska Natives.

1.2 VACCINE FINANCING

ACTIVITIES to estimate over-all public vaccine needs:

✓**1.2.1** Establish and/or maintain a program-wide vaccine supply policy based on eligibility criteria and/or target groups to be served and availability of public funds for vaccine purchase (VFC, 317, state/local, SCHIP, Medicare, etc.).

✓**1.2.2** At least semi-annually, project public vaccine needs for the upcoming 12 month
☞ period based on current and anticipated ACIP recommendations, population to be served, anticipated vaccine uptake, vaccine wastage rates, and state/local vaccine supply policy, and vaccine inventories.

1.2.3 Compare projected vaccine needs for the upcoming 12 month period based on previous history of vaccine usage with population-based vaccine need projections.

ACTIVITIES to ensure availability of adequate funding to meet vaccine needs:

✓**1.2.4** Seek funding for vaccine from state and local revenues, other federal grant funds, contributions from foundations, Medicaid and SCHIP to supplement 317 and VFC grants and ensure funding to cover the cost of all ACIP-recommended vaccines for underserved populations. *See 5.1.0 DEFINITION of Underserved Populations in Chapter 5. Service Delivery.*

✓**1.2.5** Support legislation or regulations that would require first dollar insurance coverage for immunization.

✓**1.2.6** Work with commercial MCOs and the State Medicaid agency to ensure that local health departments are appropriately reimbursed for vaccines and vaccine administration costs that are covered benefits. For commercial managed care organizations, this may require legislative or regulatory action. For Medicaid managed care organizations, cost reimbursement issues may be addressed contractually at the State Medicaid agency or Medicaid MCO level.

✓**1.2.7** Provide local health departments Information about Medicare coverage of influenza and Pneumococcal vaccines (and administration costs) and how to obtain reimbursement for these costs from Medicare**.**

✓**1.2.8** Support legislation, regulations or administrative/procedural changes that would enable or require local health departments to bill Medicare and commercial health insurance carriers for immunization services (including vaccine costs) delivered in local health department clinics.

✓**1.2.9** Submit a request for excise tax reimbursement of expired and wasted doses at least every 12 months.

✓**1.2.10** Monitor the amount of vaccine doses expired and wasted, maintain a secure quarantine area for wasted vaccines.

Performance Measure: *Amount and percent of vaccine doses expired/wasted*
Target: *Set by individual programs, but not more that 5%*

✓**1.2.11** Apportion vaccine purchases appropriately by funding source.
☞

Performance Measure: *Comparison of actual purchases by funding source with planned funding apportionments*
Target: *Concordance between the relative proportions of actual purchases using VFC, 317 and state/local by funds and planned funding apportionment as reflected in the current VFC Population Estimates Report*

✓**1.2.12** In conjunction with annual funding requests (grant application, state/local budget initiative, etc.) develop and update, as necessary, an annual vaccine spending plan which outlines population-based vaccine needs, funding sources and purchase schedules for each vaccine. Software for developing a vaccine spending plan is available from CDC in connection with submission of the annual immunization grant.

1.2.13 Work with federally qualified health centers to formally designate individual local health departments to provide VFC vaccine to under-insured children less than 18 years of age.

1.3 STAFFING AND TRAINING

ACTIVITIES to hire and train staff effectively:

✓**1.3.1** Establish position descriptions for each position and update them, as appropriate.

✓**1.3.2** Assign one or more staff the responsibility for each program component and
reflect these responsibilities in the work plan for each staff member. Program staff should receive appropriate supervision through the organizational structure's chain of command. Supervisors should provide staff with regular, informal feedback about job performance and formally evaluate staff using the work plan as the basis.

1.3.3 Assign one or more staff the responsibility for coordinating perinatal hepatitis B prevention activities, including monitoring the reporting of HBsAg-positive women and ensuring case management of infants born to HBsAg-positive women.

1.3.4 Assign program staff to work with colleagues from other public and private organizations, as appropriate, to effectively coordinate program activities.

1.3.5 Arrange for key staff to attend CDC conferences and other training opportunities related to their specific duties.

1.4 FUNDING ALLOCATION AND UTILIZATION

ACTIVITIES to allocate and utilize program funds appropriately:

Refer to *Chapter 2.2 Vaccine Accountability* for additional details on activities related to maximizing vaccine resources.

✓**1.4.1** Establish a vaccine accountability plan which outlines policies, procedures and protocols directed at minimizing vaccine loss and wastage, prevents fraud and abuse of vaccines, ensures that VFC vaccines are administered only to VFC-eligible children, and apportions VFC, 317 and state vaccine purchases in accordance with the relative proportion of VFC, 317 and state children reported in the current VFC Population Estimates Report.

✓**1.4.2** Seek funding from all potential sources, including state and local revenues,
☞ federal grant funds (317, VFC and others), contributions from foundations, MCOs, Medicaid and SCHIP to ensure adequate support for operational costs to plan, develop and maintain a public health infrastructure which, over time, will assure high immunization coverage and low VPD morbidity among all age groups in the program area.

✓**1.4.3** Include in the annual immunization grant application an estimate of the
☞ amounts of 317 and VFC grant funds needed for each of the eight program components.

✓**1.4.4** Include in the annual grant application an estimate of the amounts of state, local
☞ and other funds budgeted for activities related to reducing VPDs and ensuring high immunization coverage for each of the eight program components.

1.4.5 Provide financial support for WIC screening and referral in areas where evidence suggests that WIC enrollees are significantly under immunized.

✓**1.4.6** Ensure that total grant expenditures and un-obligated balances are reported
☞ to CDC annually no later than 90 days after the end of each 12 month budget period. Separate financial accounting of 317 grant funds and VFC grant funds is required.

✓**1.4.7** Ensure that federal grant funds are used to supplement, not supplant state, or local resources.

✓**1.4.8** Develop and finalize the program's annual federal grant budget in
☞ consultation with the appropriate management staff and with designated NIP staff. The initial budget submission should represent a realistic estimate of the

costs to fully implementing all the program components, activities and functions reflected in the current immunization Grant Guidance. The final grant budget, negotiated with designated NIP staff, should reflect financial realities and grantee priorities.

✓**1.4.9** Estimate the level of resources budgeted for each of the eight program ☞ components by allocating grant requests and other funding sources using the software application provided by CDC for this purpose.

✓**1.4.10** Monitor the approved grant budget to ensure funds are being expended as
☞ approved. Funds which are identified as potential carry-over should be redirected for other program activities immediately. Where required by CDC, redirection requests should be submitted before the deadline indicated by CDC and within a time frame that allows complete expenditure of the funds being redirected.

> ***Performance Measure:*** *Percentage of grant funds un-obligated at the end of the grant budget period*
> ***Target:*** *Set by individual grantee, but not more that 5%*

1.5 MANAGEMENT PLANNING

ACTIVITIES to develop and execute an effective management plan:

✓**1.5.1** Develop a management plan to clearly describe how the program objectives
☞ will be accomplished. The plan should include a description of the program's functional and organizational structure, and it should be reviewed and updated at least annually.

✓**1.5.2** Develop program objectives that are clear, realistic, specific, and time-
☞ phased, include quantitative, measurable targets, and are related to, or contribute directly to the achievement of national objectives.

✓**1.5.3** Establish procedures to regularly monitor and review progress to evaluate the impact of key interventions; and to adjust program activities and priorities based on the evaluation.

✓**1.5.4** Include in the management plan a description of methods that will be used to ensure that grant-funded staff is hired in accordance with the approved budget. The plan should include a description of how qualified staff will be recruited and hired in a timely fashion and what actions will be undertaken in the event of a hiring freeze to assure that critical program activities will be completed and grant funds expended appropriately.

1.6 PARTNERSHIPS and COLLABORATIONS

ACTIVITIES to assure program functions related to vaccine financing, service delivery, provider quality assurance, surveillance and consumer education:

For related activities, refer to *Chapter 4. Provider Quality Assurance* and *Chapter 6. Consumer Information*.

✓**1.6.1** Coordinate program planning and implementation of all program components between state and local health departments.

1.6.2 Develop a comprehensive partnering agenda that identifies and categorizes priority partners, and establishes and addresses mutually agreed upon specific, measurable objectives.

Performance Measure: *Number of priority partners with own or other than immunization program funding support and number with only immunization program funding support*
Target: *Set by individual program*

✓**1.6.3** Where appropriate, coordinate program planning and implementation with CDC's Indian Health Service (IHS) immunization coordinator and with IHS immunization coordinators at the regional and area office levels to assure full and consistent implementation of the VFC program among American Indian and Alaska Native populations.

✓**1.6.4** Provide administrative support to WIC to assist in operational screening, referral and other activities related to Immunization-WIC linkage. Support should include providing WIC directors with information about immunization coverage levels, both state-wide and within pockets of need, cooperative planning, budgeting, training of WIC staff, referral information, provider education materials, outreach, tracking and other services, as necessary to ensure that a comprehensive screening and referral system is in place that supplements WIC's limited role and responsibility. Immunization program support should be focused in areas where immunization coverage levels or coverage markers indicate the existence of significant under immunization.

1.6.5 Coordinate program planning and implementation with other public and private providers (including managed care organizations and community/migrant health centers) and other groups, organizations and agencies, especially those that represent or serve under-immunized populations.

✓**1.6.6** Build and participate in community-based and program-wide coalitions to ☞ promote specific activities or projects intended to assure immunization of all age groups. Coalition activity levels (frequency of meetings, number and type of

participants, etc) should be noted. *See 1.6.01 INGREDIENTS of a successful coalition.*

1.6.01 INGREDIENTS of a successful coalition:

- **Funding:** Seed money and/or in-kind contribution of time, physical space, phone, fax, etc. This gives a coalition identify.
- **Dedicated staff:** a person designated to keep things on track.
- **Broad-based membership:** A significant number of the coalition members are active on committee projects.
- **Completion of a Community Needs and Resource Assessment (CNRA).**
- **Strategic planning:** Basic information from the CNRA is assembled, analyzed and presented to the membership in facilitated strategic planning meetings.
- **Clear mission, goals, objectives and action plan:** Members are involved in creating, adopting and supporting a strategic plan which includes a time line, persons responsible, and budget.
- **Written guidelines, member roles and responsibilities:** This enables everyone to know what is expected of them.
- **Objectives** that are being met or not being met: Things are happening.
- **Meeting follow-up:** Staff person takes meeting notes, reminds members of action items, and provides encouragement, assistance and focus to members.
- **Fun:** Take time to have fun, get to know each other and network. Develop a team spirit and celebrate your efforts.

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✓ **1.6.7** Establish and/or strengthen existing relationships/partnerships with state and local WIC and Temporary Assistance for Needy Families (TANF) programs. *See Chapter 5.1 Underserved populations*.

1.6.8 Work with Medicaid, Medicare, SCHIP, MCOs, private insurance companies and private industries to improve coverage for vaccine, supplement vaccine administration costs by public and private health insurance plans, and contractually influence providers to give vaccines in accordance with ACIP recommendations.

1.6.9 Collaborate with the State Medicaid agency on the management and implementation of the VFC program and the recruitment of VFC providers.

1.6.10 Establish new and/or strengthen existing partnerships with private provider organizations, coalitions, community organizations, businesses, and other private groups to develop, implement and support intervention strategies aimed at raising immunization coverage levels among children, adolescents, and adults. *See 1.6.02 HOW TO create a successful community partnership*.

Performance Measure: *Number of new partnerships established with public and private organizations*
Target: *Set by individual program*

1.6.02 HOW TO create a successful community partnership:

- Involve the "community" from the start of the project. Being a partner means involvement in the conceptualization, planning, content, analysis, interpretation, writing and solution phases of a project.
- Understand the community's history, demographics and resources.
- Listen. Respect the different views and perspectives of the community.
- Solicit, acknowledge and address community concerns about the proposed research, prevention or intervention activity.
- The partners working with the local community must be active partners.
- Educate the community about *public health* and *prevention.*
- Build an infrastructure for partnerships such as community organizations, coalitions and working groups.
- Facilitate the community working together to define and solve its own problems.
- Identify community gatekeepers and leaders who should be part of the program.
- Realize that in collaborative work, personality, credibility, integrity and commitment matter.

1.6.11 Ensure that partnerships include all parties involved in child, adolescent and adult immunization issues: parents, providers, health departments, provider organizations, managed care organizations, health communicators, legal advisers, community leaders and agencies.

1.6.12 Provide leadership in the promotion of laws/rules/regulations for first dollar insurance coverage for immunizations and immunization requirements for schools, child care facilities, adult settings such as long term and acute care nursing homes, and reporting of VPD cases and positive laboratory tests (including HBsAg screening tests).

✓**1.6.13** Work with state and community partners to support new and enforce existing immunization requirements for schools, day care centers, and colleges/universities for all routinely recommended antigens, as appropriate.

✓**1.6.14** Collaborate with parent advocacy groups and other stakeholders to develop the registry and to assist with increasing child participation through registry promotion activities and other strategies designed to facilitate participation (e.g., "opt out" versus "opt in").

1.6.15 Work with primary care providers, their professional organizations, and MCOs to ensure appropriate and adequate immunization and provision of immunization information and counseling for their patients.

1.6.16 Work with hospitals, health maintenance organizations, laboratories and/or large group practices to establish and provide provider and patient education programs targeted to community or provider-specific immunization problems such as barriers to immunization, catch-up opportunities, and perinatal hepatitis B prevention screening and reporting activities.

> ***Performance Measure****: Percent of hospitals, health maintenance organizations and major group practices involved in partnerships to promote and provide patient immunization education programs on immunization*
> ***Target:*** *Set by individual program*

1.6.17 Include local television and radio network affiliates in community partnerships to facilitate delivery of immunization-related health messages to the community.

> ***Performance Measure:*** *Percent of local television and radio network affiliates and independent stations that have become partners with one or more community organizations around immunization issues*
> ***Target:*** *Set by individual program*

1.6.18 Develop and implement a recognition system to reward partners for their contributions in helping to achieve immunization goals and objectives.

> ***Performance Measure:*** *Number of partners and/or partnerships receiving recognition in media or at presentations for contribution*
> ***Target:*** *Set by individual program*